Gift to Agency Report	A Public [	Document		GIFT TO AGENCY REPORT				
1. Agency Name			Date Stamp	California 201				
Governor's Office				Form OUI				
Division, Department, or Regi	on (if applicable)			For Official Use Only				
Street Address								
State Capitol, Sacramento,								
Area Code/Phone Number	E-mail		Amendment (expire	ain in comment section)				
(916) 445-0873			Date of Original Filing	ı:				
Agency Contact (name and title)				(month, day, year)				
Dan Maguire, Deputy Legal								
2. Donor Name and Addres	\$S							
☐ Individual	First Name	_ ⊠ Other	SAE International	Name				
400 Commonwealth Drive	Warrendale		PA	15096				
Address	City		State	Zip Code				
SAE is a 501/o)/3) organiza	tion that disseminates engineering	a and technic:	al knowledge relater	to the mobility industries				
	business activity (if business) or its nature and		ar knowledge related	To the modification				
If applicable, identify the name of	of each source and the amount(s) soli	icited or receive	ed by the donor for this	gift:				
,	•••		·	•				
Name	\$		Name .	\$Amount				
	Allouit		Trumo	7,17,0011				
3. Payment Information								
Date and Amount of Payme	ent (other than travel) See Exh. A (month, day, year)	\$	See Exh. A (Round to whole dollars)					
Travel Payment Information	n (Round to whole dollars) Location o	f Travel Det	roit, Michigan					
See Exh. A 💃	See Eyh A See Eyh A	See Ex	ch A ⊸ See Fx	th. A & See Exh. A				
Date(s) of Travel	See Exh. A  nsportation Expenses  See Exh. A  Lodging Expenses	\$ See Ex	ch. A See Exercises Other Exp	enses Total Expenses				
Provide a specific descr	iption of the nature and use	of the paym	ent for official ag	jency business:				
SAE paid staff travel expens	ses incurred in connection with the	e Governor's i	presentation to the o	organization.				
C. I. Para Cian manananan pan		•		•				
Identify the officials for	whom the payment was used	i:						
	, .	See Exh. A	,	D				
See Exh. A	ee Exh. A See Exh. A  Last Name First Name		Title	overnor's Office Department/Division				
Last Name	, nativalité							
Last Name	First Name		Title	Department/Division				
4. Verification								
I have determined that it is in the	e interests of the agency to accept thi	is gift and use it	t for the official agency	business described above.				
<i>-</i> )								
5//21	Susan Kennedy	Chie	f of Staff	4/2/09				
Signature of Agency Head or Designe	ture of Agency Head or Designee Print Name			(month, day, year)				
Comment: (Use this space or an	attachment for any additional information	).j						

## Exhibit A

## **SAE Presentation**

											Other		!		
				į			!			Trai	nsportati	8	usiness		
Date Paid.	Travel Date	Name:	Title/ Department Division	Hotel	Meals	le	ncidentals		Airfare		on:	E	xpense		Tota
05/12/2009	April 17 - 20, 2009	Clark Blanchard	Advance Representative	\$ 252.00	\$ 105.15	\$	18.00	\$	680.40	\$	198.00	\$	15.98	S	1,269.53
05/12/2009	April 18 - 20, 2009	David Crane	Special Advisor	\$ 168.00	\$ 10.00		• •	\$	859.10	\$	135.00		•	S	1,172.10
05/12/2009	April 18 - 20, 2009	Matt David	Deputy Chief of Staff for Comms.	\$ 168.00	\$ 34.00	\$	12.00	S	149.60	S	184.60		•	Š	548.20
05/12/2009	April 19 - 20, 2009	Peter Grigsby	Official Photographer	\$ 84.00	\$ 4.51				-	\$	27.00		ŧ	Š	115.51
05/12/2009	April 18 - 21, 2009	Daniel Ketchell	Special Assistant to the Governor	\$ 84.00	\$ 10.00				-	\$	251.88		• •	Š	345.88
05/12/2009 April 17 - 20, 2009	Will Rollins	Advance Representative	\$ 252.00	\$ 118.20	\$	18.00	\$	510.40	\$	107.50		İ	Š	1.006.10	
					 								·	Š	4,457.32